

Hepatology Highlights

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Branco, et al. The aim of this study was to evaluate the outcome of patients who performed orthotopic liver transplantation (LT) as treatment for hepatocellular carcinoma (HCC), with percutaneous ethanol injection (PEI) while on the waiting list, verifying the effectiveness of this treatment in producing tumor necrosis and avoiding dropout and identifying treatment-related complications. The authors analyze the medical records of 97 patients on the waiting list for LT. Sixty-two (56.3%) patients had been treated with PEI (group 1); 35 (31.8%) had not received any anti-tumor therapy before LT (group 2). The authors found that complete necrosis of the tumor was observed in 38/59 (64.3%) patients. Also the presence of additional nodules in the explant and the diameter of the main tumor of group 1 was significantly lower than in group 2 ($p = 0.002$). The authors concluded that percutaneous treatment of HCC with PEI is a safe and effective method before the LT.

Liver transplantation is the first treatment choice for patients with small multinodular tumors (3 nodules < 3 cm) or those with advanced liver dysfunction.¹ The major disadvantages of this treatment is the paucity of donors. On the other hand, percutaneous ablation is considered the best treatment option for patients with early-stage HCC who are not candidates for surgical resection or liver transplantation. PEI is a well-established technique for tumor

ablation.² PEI induces local tumor necrosis as a result of cellular dehydration, protein denaturation, and chemical occlusion of tumor vessels. Several studies have shown that PEI is an effective treatment for small (3 cm or less), nodular-type HCC. Also several series have shown that the long-term outcome of selected PEI-treated patients was similar to that of patients who had undergone resection, with 5-year survival rates of 32-59%.^{3,4} The present study from Branco et al add more information on PEI as a very strategy in this groups of patients.

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Ladrón de Guevara, et al. The aim of this study was to recognize the epidemiological profile and the treatment results in a cohort of federal employees with HCC. The authors analyzed 47 consecutive cases with HCC diagnosis. They found that patient reference increased 5% each year. The mean

age was 60.4 years, 63.8% female sex, and 72.3% had cirrhosis, 44.7% had Hepatitis C infection. Most patients presented with advanced disease: 55.3% were AJCC stage 3 and 21.3% stage 4, 51.1% were BCLC class D. Mean tumor size was 8.09 cm. Median survival time from diagnosis was 122 days. Pa-

tients that did not receive treatment had a median survival of 70 days; the longest survival of patients was of those that received transarterial chemoembolization with a median of 707 days, followed by surgery with 683 days. The authors concluded that there was an increase in the referral of HCC. Most patients had cirrhosis and HCV infection. Due to advance disease staging, TACE was the treatment that offered longest survival.

The incidence and mortality of HCC has been increasing in the United States. The overall age-adjusted incidence rates have more than doubled during the last 2 decades.¹ Interestingly, it has been suggested that Hispanics in the United States have high incidence and mortality rates of HCC that are second only to Asians/Pacific Islanders.² In Addition, a recent study carried out in Mexico suggest an increase in the mortality rate for HCC

in the period 2000-2006.³ In the present study Ladrón de Guevara et al found that the diagnosis of most patients was done with advanced disease. These results point out the importance of screening populations at risk. In fact surveillance has been recommended widely. Because HCC surveillance could be effective reducing disease-specific mortality with acceptable cost-effectiveness among selected patient groups.

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